	ST REIMBUR					- [PA	D BY
171		· -	eau, or establishmont)					
Voucher pref	oared at	·	(Givo place and date)			-		143
THE UNITED	STATES, Dr.,	Payee's	Payee's Account No			not a second		
T.							110-30	666
10		(Pa	yee)			~]	COPY	/ 0
		dress)	(City)	(State)				
No. and Date of	Date of Delivery	ART (Enter description, ite	FICLES OR SERVICES	or Federal supply	OTT LEMMIN	UNIT	PRICE	
Order	or Service	schedule, and ot Discount Terms	em number of contract of her information deemed	l necessary)	QUANTITY	Cost	Per	Г
		Cost						
								′
				,				
PAYMENT:								
Complete [
Partial								
Final	J j	Use cont	inuation sheet(s) if neces	sary				
Shipped from				overnment B/L No.		-	Total	
certify that the	above bill is correc	t and just and that paymer	nt has not been received.	•	yee must NO			
					nces			
		(Sign original only)						
Date 5-21	-59 *Pavec							
Date	LAYES	ed when a ilke ce	ertificate is made by payer on attache	ul hill or hilis)	unt verified;			17
Per		Title			nature or init	(n		
Contract No.	6/16/	Pate	Reg. No.		Date		Invoice Rec'	d.
Pursuant to autho	ority vested in me.	I certify that this account i	s correct and proper for	payment.				
			• •	+				
Whbtoked tot 9			SIGN	1	(Authori	zed Certify	ing Officer)	
Зу			ORIGINAL	Title				
			ONLY					
Title		00-0		Date				
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE OF	R SERVICES SECURED WIT	OUT WRITTEN	AGREEMENT	IN ANY FORM	
	YCCOII.	NTING CLASSIFICATION	(Appropriation Symbol	must be shown of	ner classificat	ion ontic	nai)	

